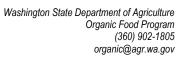


Washington State Department of Agriculture Organic Food Program (360) 902-1805 organic@agr.wa.gov

#### ORGANIC NON-RUMINANT LIVESTOCK SYSTEM PLAN

This form is to be completed by operators who wish to include non-ruminant livestock production in their organic system. Non-ruminant animals include, but are not limited to, poultry, swine or other single stomached animals. Because many organic non-ruminant livestock producers also grow organic crops such as vegetables or fruit, this form needs to be completed in conjunction with the Organic Cropping System Plan. All forms are included in this packet. In addition, if you also raise ruminant livestock such as beef or dairy cows, you must complete an Organic Ruminant Livestock System Plan {AGR 2254}. If you have questions regarding the forms, please call the Organic Food Program at (360) 902-1805 or email at organic@agr.wa.gov.

regarding the forms, please call the Organic Food Program at (360) 902-1805 or email at organic@agr.wa.gov.								
BUSINESS NAME:								
WSDA ORGANIC CERTIFICATION NUMBER (RE	NEWAL APPLICANTS ONLY):	COUNTY WHERE BUSINESS IS LOCATED:	STATE WH	IERE BUSINESS IS LOCATED:				
<b>SECTION A. FLOW CHART</b> Please or submitted as a flow chard. Atta				ay be in a narrative form				
Flock1 Chicks received from hatchery	Move pens and 3 wee	d to 1, 2 at 5  Slaughte on site beginnin week 8	r	Flock one sold on site on day of slaughter.				
1. Please use the space below for	r the flow chart of your operatio	n:						
2. Use the space below for additi	2. Use the space below for additional narrative:							
SECTION B. ORIGIN OF LIVESTOCK be from livestock under continuou management from the second day	is organic management from the							
1. Do you purchase replacement	animals?		☐ Yes	s □ No □ N/A				
2. Please list all sources of replace	cement animals in the table belo	ow:	·					
Type of Animal	Source (Name, A	ddress or Phone)	Organic (X)	Receipt on file? (yes or no)				
Piglets	Jack's Pig	s 555-2030	Х	yes				





										1		
3. Do you breed livestock or hatch chicks on farm?							□ N/A					
3a. If "Yes," please describe breeding and/or hatching program in the space provided below:												
Crazion C. C	Down Fr	D	oue [20E 22	71 The Netice	al O	sia Duan				مام مامار		
dairy livestock must be suffice	with a total ient to mee	al feed r	ation comp	The Nation osed of 100% on the contract of the	organic	agricultu	ıral products, i	ncluding pas	ture and fo	rage. This	feed ration	
and fiber for ru		oformati	on for the ty	pes of animals	heing ra	ised for	organic meat o	r dairy produ	ıction An e	vamnle is r	rovided for	
clarification. A					ocing ra			- daily produ		, ample 10 p		
					FEED F	RATION						
Type of	# of		TY	PE OF FEED			AMOUN	IT OF FEED	UNIT OF 1	IME	Organic?	
Livestock	Animals	(	Grain	Forage	Ot	her	Grain	Forage	(	Other	(X)	
Ex- Sows	14	Pig Ra	ation	None	Kitche waste	I 11⊞/dav I None		Free -	- fed	Χ		
List all vitar	mins and su	ppleme	nts in the tal	ble below. Plea	se inclu	de mine	ral mixes. enzv	mes. electro	lvtes or mir	nerals given	to organic	
animals.						1			.,			
	Supplement Iditive	or		l of Administra .V., oral, etc)	tion		Amount			Reason		
Ex – Chicolyte	)		Orally adn	ninistered		1 poud	ch per waterer		Electrolyte	es for optim	timal health	



**SECTION D. DISEASE AND PEST CONTROL [205.238]** National Organic Standards 205.238(a) requires that livestock producers establish and maintain preventative livestock health care practices. When preventative practice and veterinary biologics are inadequate to prevent sickness, a producer may administer synthetic medications allowed under 205.603 (Synthetic Substances Allowed for Use in Organic Livestock Production). Any medications administered, whether allowed or prohibited, must be recorded on an animal health record.

1. List the diseases and/or pests that have afflicted your animals, identify the specific ailment, describe treatment methods and the preventive plan that is implemented. Please fill out the table which is appropriate for your production: mammalian or poultry.

# **Mammalian Disease Control** Disease/Pest/Behavioral Pattern **Preventative Plan** Treatment (if prevention fails) External parasites Internal parasites Diarrhea (scours, coccidiosis, etc) Eve problems Hoof or foot problems Mouth or tooth problems Respiratory disease Skin problems (sunburn, ringworm, etc) Flies Cannibalism Farrowing problems Other: (specify)

Poultry Disease Control								
Disease/Pest/Behavior Pattern	Preventative Plan	Treatment (if prevention fails)						
Diarrhea (coccidiosis, Salmonellosis)								
Foot problems (mareks, etc.)								
Internal parasites								
External parasites								
Respiratory diseases								
Skin or feather problems								



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## ORGANIC NON-RUMINANT LIVESTOCK SYSTEM PLAN

Heart attacks										
Cannibalism										
Influenza										
Other: (specify)										
2. If a sick animal does not respond to treatment, what is your next course of action?										
<ol><li>If an animal is treated with a prohibited ma below:</li></ol>	sterial, what happens to the animal after treatme	ent? Please	e answer in	the space p	rovided					
4. If an animal is treated with a prohibited main the space provided below:	aterial, how is the final product prevented from e	entering the	organic ma	rket? Pleas	se answer					
and the space processor was a second and the second										
5. Do you vaccinate your organic animals?			Yes	☐ No	□ N/A					
5a. If yes, please provide the following inf	ormation in the table below:			•	1					
Name of Vaccination (be specific)										



6. Are animals subject to physica	I alterations?				Yes	□No	□ N/A	
6a. If "Yes," please provide the following information in the table below:								
Physical Alteration Animal ID Why was the alteration How was pain and performed? How minimized?								
Ex – Ear notched	Piglets		Animal identification		Performed at young age			
SECTION E. LIVESTOCK LIVING CO- living conditions which accommod				required to	establish a	nd maintain	livestock	
1. Please indicate which of the fo	llowing accommodations a	are provid	led for your organic lives	tock:				
☐ Outdoors ☐ Fresh air		Shade Direct su	unlight	Exerciple Other	cise area ::			
2. Do you provide pasture to any animals?				Yes	□No	□ N/A		
3. Is the pasture certified organic?					Yes	□No	□ N/A	
4. Do you provide shelter for organic animals?			Yes	□No	□ N/A			
4a. If "Yes," does the shelter provide the following conditions:								
☐ Natural maintenance ☐ Comfort behaviors ☐ Opportunity for exercise ☐ Suitable temperature levels ☐ Ventilation ☐ Air circulation ☐ Reduction of potential for injury								
5. Do you provide bedding for you	ur animals?				Yes	□No	□ N/A	
5a. If "Yes," please list beddir	ng:							
5b. Is it edible?					Yes	□No	□ N/A	
5c. Is it organic?					Yes	□No	□ N/A	
6. Are organic animals subject to	confinement?				Yes	□No	□ N/A	
6a. If "Yes," please indicate w	hy livestock are subject to	confinem	nent:					
☐ Inclement weather☐ Risk to soil or water		Stage of Other:	production	☐ Healt	h, safety or	well being o	f animal	
7. Please describe any additional specific species you raise (Ex-					ealth and n	atural behav	vior of the	
		-	,	,				



Section F. Recordkeeping [205.103] Organic producers are required to maintain records concerning the production, harvesting and

sufficient to demonstrate compliance with the act and must be maintained for not less than five (5) year	copying. T					
1. Please check the method of animal identification that you use on the farm:						
☐ Ear Tag ☐ Ear Notch ☐ Brand ☐ Other:						
2. Do you maintain receipts for all purchased livestock?	☐ Yes	☐ No	□ N/A			
3. Do you maintain receipts for materials used on on-site forage production (seed receipts, purchased fertility inputs, etc.)?	☐ Yes	☐ No	□ N/A			
4. Do you maintain the following records:	-T	T	1			
4a. Weight records of animals at slaughter	☐ Yes	☐ No	□ N/A			
4b. Synthetic medications administered (date, dosage, animal ID)	☐ Yes	☐ No	□ N/A			
4e. Herbal remedies, natural remedies or other approved materials given to organic animals	☐ Yes	☐ No	□ N/A			
4d. Vitamins, minerals or other materials administered for preventative health care	☐ Yes	☐ No	□ N/A			
4f. Receipts for purchased feed products	☐ Yes	☐ No	□ N/A			
5. Are these records maintained for five years?	☐ Yes	☐ No	□ N/A			
6. Please list additional records that you maintain which verify compliance with National Organic Standards? Use the space provided below for further explanation						
0						
SECTION G: SLAUGHTER AND EGG HANDLING [205.236, 205.237, 205.238, 205.239] Slaughte organic management from the last third of gestation and comply with all feed, health care and living corrections.			continuous			
Do you slaughter any animals for organic livestock products?	☐ Yes	☐ No	□ N/A			
1a. If "Yes," please list the slaughter facility that you use to process your livestock:						
Business Name:						
Address:						
Phone Number:						
2. All slaughter animals intended to be sold as "organic" must be processed at a certified organic slaughter facility. Please list the certification agency who certifies this facility:						



3.	Do you have your animals processed at a separate cut and wrap or processing facility?	☐ Yes	☐ No	□ N/A			
	3a. If "Yes," please list the cut and wrap facility and/or processing facility that you use to process your organic meat products:						
	Business Name:						
	Address:						
	Phone Number:						
4.	All slaughter animals intended to be sold as "organic" must be processed at a certified organic slaughter facility. Please list the certification agency who certifies this facility:						
5.	Do you raise poultry for egg production?	☐ Yes	☐ No	□ N/A			
	5a. If "Yes," do you have an WSDA Egg Handlers License?	☐ Yes	☐ No	□ N/A			
6.	Are you a certified organic egg handler?	☐ Yes	☐ No	□ N/A			
	6a. If "No," please describe your egg handling procedures in the space below:						

THE NATIONAL ORGANIC PROGRAM REQUIRES A SYSTEM PLAN UPDATE EACH YEAR.
PLEASE KEEP A COPY OF THIS SYSTEM PLAN AS A REFERENCE FOR UPDATING YOUR
PRODUCTION PLAN IN FUTURE